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## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

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Application Number	09/585134				
Filing Date	June 1, 2000				
First Named Inventor	Albertson, Stephen H. 3677				
Art Unit					
Examiner Name	Mitchell, Katherine W.				
Attorney Docket Number	TRACKER 001C1				

To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450							
Please withdraw me as attorney or agent for the above identified patent application, and							
all the practitioners of record;							
the practitioners (with registration numbers) of record listed on the attached paper(s); or							
the practitioners of record associated with Customer Number:							
NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.							
The reason(s) for this request are those described in 37 CFR :							
10.40(b)(1) 10.40(b)(2) 10.40(b)(3) 10.40(b)(4)							
10.40(c)(1)(i) 10.40(c)(1)(ii) 10.40(c)(1)(iii) 10.40(c)(1)(iv)							
10.40(c)(1)(v)							
10.40(c)(4) 10.40(c)(5) 10.40(c)(6) Please explain below:							
Certifications							
Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.							
We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.							
I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.							
I/We have notified the client of any responses that may be due and the time frame within which the client must respond.							
Please provide an explanation, if necessary:							
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[Page 1 of 2] This collection of information is required by 37 CFR 1.36. The information is surjected to bothain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 38 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete to proceed the complete of the confidence of the confidence of the complete of the confidence of the confidence of the individual gathering, preparing, and submitting the completed between the USPTO. Time will vary depending upon the antidistic aleas. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the CHe Information Officer, U.S Patient and Trademark CHeck, U.S. Department of Commerce, P.O. act 150, Alexandria, V.A. 22311-146.00, DNOT SEND FEES COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/83 (11-08)

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Change the correspondence address and direct all future correspondence to:								
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B. Inventor or Assignee name John Gallagher								
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I am authorized to sign on behalf of myself and all withdrawing practitioners.								
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[Page 2 of 2]

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The Privacy Act of 1974 (P.L. 93-579) requires that you be given certain information in connection with your submission of the attached form related to a patent application or patent. Accordingly, pursuant to the requirements of the Act, please be advised that: (1) the general authority for the collection of this information is 30 U.S. C. 2(b(2); (2) Liminshing of the information solicited is voluntary; and (3) the principal purpose for which the information is used by the U.S. Patent and Trademark Office is to process and/or examine your submission related to a patent application or patent. If you do not furnish the requested information, the U.S. Patent and Trademark Office may not be able to process and/or examine your submission, which may result in termination of proceedings or abandonment of the application or expiration of the patent.

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